**New Application: Adult Congenital Heart Disease**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

1. Describe the reporting relationship between the subspecialty program director and the cardiovascular disease fellowship director. [PR I.B.1.b)]

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**Resources**

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| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the fellowship program? [PR I.D.2.] | YES  NO |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, and work area) for patient care and the educational components of the program? [PR I.D.2.] | YES  NO |
| Will inpatient and outpatient systems be in place to prevent fellows from performing routine clerical functions, including scheduling tests and appointments, and retrieving records and letters? [PR I.D.2.a).(2)] | YES  NO |
| Will fellows have access to an electronic health record? [PR I.D.2.b)] | YES  NO |

Will fellows have access to the following:

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| A patient population with a variety of clinical problems and stages of diseases [PR I.D.5.a).(1)] | YES  NO |
| A full range of patients with advanced or complex adult congenital heart disease (ACHD) [PR I.D.5.a).(1)] | YES  NO |
| Training using simulation [PR IV.C.4.] | YES  NO |

**Personnel**

**Program Director**

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| Will the program director be required to generate clinical or other income to provide this administrative support? [PR II.A.2.b)] | YES  NO |
| What is the percentage of Program Director support? [PR II.A.2.c)] | % |

**Program Coordinator**

**Program Coordinator**

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| Will there be a dedicated program coordinator to provide adequate administrative support to the program? [PR II.A.2.b)] | YES  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Indicate the setting(s) in which fellows will develop competence in prevention education, evaluation, and management of inpatients and outpatients with the following [PR IV.B.1.b).(1).(b).()]:

| **Clinical Area** | **Inpatient Experience** | **Outpatient Experience** |
| --- | --- | --- |
| atrial septal defects (secundum, primum, venosus) [PR IV.B.1.b).(1).(b).(i)] | YES  NO | YES  NO |
| ventricular septal defects [PR IV.B.1.b).(1).(b).(ii)] | YES  NO | YES  NO |
| atrioventricular defects [PR IV.B.1.b).(1).(b).(iii)] | YES  NO | YES  NO |
| patent ductus arteriosus [PR IV.B.1.b).(1).(b).(iv)] | YES  NO | YES  NO |
| bicommissural and unicommissural aortic valve [PR IV.B.1.b).(1).(b).(v)] | YES  NO | YES  NO |
| subvalvular aortic stenosis [PR IV.B.1.b).(1).(b).(vi)] | YES  NO | YES  NO |
| supravalvular aortic stenosis [PR IV.B.1.b).(1).(b).(vii)] | YES  NO | YES  NO |
| aortic coarctation [PR IV.B.1.b).(1).(b).(viii)] | YES  NO | YES  NO |
| congenital abnormalities of left-sided inflow, including pulmonary vein disease, cor triatriatum and mitral valve abnormalities [PR IV.B.1.b).(1).(b).(ix)] | YES  NO | YES  NO |
| pulmonary stenosis (subvalvular, valvular, supravalvular and peripheral pulmonary stenosis) [PR IV.B.1.b).(1).(b).(x)] | YES  NO | YES  NO |
| tetralogy of Fallot [PR IV.B.1.b).(1).(b).(xi)] | YES  NO | YES  NO |
| tetralogy of Fallot with pulmonary atresia [PR IV.B.1.b).(1).(b).(xii)] | YES  NO | YES  NO |
| Ebstein anomaly [PR IV.B.1.b).(1).(b).(xiii)] | YES  NO | YES  NO |
| single ventricle anatomy (double outlet right ventricle, double inlet left ventricle, pulmonary atresia, hypoplastic left ventricle, tricuspid atresia) [PR IV.B.1.b).(1).(b).(xiv)] | YES  NO | YES  NO |
| D-transposition of the great arteries with atrial switch repair (Senning, Mustard) [PR IV.B.1.b).(1).(b).(xv)] | YES  NO | YES  NO |
| D-transposition of the great arteries with arterial switch repair [PR IV.B.1.b).(1).(b).(xvi)] | YES  NO | YES  NO |
| L-transposition of the great arteries with arterial switch repair [PR IV.B.1.b).(1).(b).(xvii)] | YES  NO | YES  NO |
| congenital coronary anomalies [PR IV.B.1.b).(1).(b).(xviii)] | YES  NO | YES  NO |
| Eisenmenger syndrome, and pulmonary hypertension associated with congenital heart disease [PR IV.B.1.b).(1).(b).(xix)] | YES  NO | YES  NO |
| syndrome-associated and inherited forms of congenital heart and vascular disease (including Down, Williams, Turner, Noonan, Marfan) [PR IV.B.1.b).(1).(b).(xx)] | YES  NO | YES  NO |
| heart failure (including mechanical circulatory support and transplantation) associated with congenital heart disease [PR IV.B.1.b).(1).(b).(xxi)] | YES  NO | YES  NO |
| atrial arrhythmias associated with congenital heart disease [PR IV.B.1.b).(1).(b).(xxii)] | YES  NO | YES  NO |
| ventricular arrhythmias associated with congenital heart disease [PR IV.B.1.b).(1).(b).(xxiii)] | YES  NO | YES  NO |
| pregnancy associated with maternal congenital heart disease [PR IV.B.1.b).(1).(b).(xxiv)] | YES  NO | YES  NO |

If the questions in this section or their format do not permit you to describe the program accurately or optimally, provide a narrative that more completely or accurately describes this particular component of the program.

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1. Will all fellows achieve competence in ACHD evaluation, to include:

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| applying and interpreting approaches to evaluating symptom severity, functional capacity, and health-related quality of life in patients with congenital heart disease [PR IV.B.1.b).(2).(a).(i)] | YES  NO |
| recognizing clinical features in all forms and etiologies of congenital heart disease [PR IV.B.1.b).(2).(a).(ii)] | YES  NO |
| recognizing the indications for, understanding the complications with, and interpreting the results of all diagnostic tests and modalities relevant to evaluating and managing patients with or suspected of having congenital heart disease; in particular, recognizing the impact of such testing on the management of these patients, including transthoracic ACHD echocardiography, transesophageal ACHD echocardiography, and diagnostic catheterization [PR IV.B.1.b).(2).(a).(iii)-(c)]] | YES  NO |

1. Will all fellows achieve competence in heart failure management, to include:

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| assigning timing and methods of surveillance for each lesion [PR IV.B.1.b).(2).(b).(i)] | YES  NO |
| surveillance, diagnosis, and both medical and mechanical management of atrial and ventricular arrhythmias in the unoperated and post-operative state [PR IV.B.1.b).(2).(b).(ii)] | YES  NO |
| surveillance, diagnosis, and both medical and mechanical management of heart block and conduction abnormalities in the unoperated and post-operative state [PR IV.B.1.b).(2).(b).(iii)] | YES  NO |
| recognizing the indications for and prescribing non-pharmacologic, non-device treatment modalities, including diet and exercise [PR IV.B.1.b).(2).(b).(iv)] | YES  NO |
| recognizing the indications for, understanding the complications with, and interpreting the results of all interventional modalities relevant to managing patients with or suspected of having congenital heart disease; in particular, recognizing the impact of such interventions on the management of these patients, including interventional catheterization, cardiac and cardiovascular surgery, non-cardiac surgery, and pregnancy [PR IV.B.1.b).(2).(b).(vi).(a)-(d)] | YES  NO |

If the questions in this section or their format do not permit you to describe accurately or optimally the program, provide a narrative that more completely or accurately describes this particular component of the program.

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**Medical Knowledge**

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| Will fellows be able to demonstrate knowledge of the scientific method of problem solving, evidence-based decision-making, and guidelines-assisted decision making? [PR IV.B.1.c).(1)] | YES  NO |
| Will fellows be able to demonstrate knowledge of indications and contraindications of, limitations and complications with, techniques for, and interpretation of results from those diagnostic and therapeutic procedures (including electrocardiogram (EKG) and electrophysiologic testing and intervention; cardiopulmonary function assessment and exercise testing; transthoracic echocardiography (TTE) and transesophageal echocardiography (TEE); cardiac and vascular computed tomography (CT) and magnetic resonance imaging (MRI); hemodynamics and catheterization-based imaging and intervention; and surgeries, including peri-operative and procedure-related anesthetics and mechanical cardiopulmonary support techniques) integral to the discipline, to include the appropriate indications for and use of screening tests/procedures?[PR IV.B.1.c).(2)] | YES  NO |
| Will all fellows be able demonstrate knowledge of the following basic mechanisms underlying each type of cardiac anomaly [PR IV.B.1.c).(3).(a)-(k)]: | YES  NO |
| * principles of cardiac development and anatomy in unrepaired and repaired states for each type of anomaly [PR IV.B.1.c).(3).(a)] | YES  NO |
| * principles of physiology in unrepaired and repaired states for each type of anomaly [PR IV.B.1.c).(3).(b)] | YES  NO |
| * important genetic associations specific to each individual type of anomaly, particularly as related to outcomes [PR IV.B.1.c).(3).(c)] | YES  NO |
| * childhood palliative and complete surgical and interventional repairs, including the associated intermediate- and longer-term outcomes, for each type of anomaly [PR IV.B.1.c).(3).(d)] | YES  NO |
| * expected presenting symptoms, physical examination, and cardiac conduction findings for each type of anomaly [PR IV.B.1.c).(3).(e)] | YES  NO |
| * differential diagnosis that includes specific etiologies of and exacerbating factors for each type of anomaly [PR IV.B.1.c).(3).(f)] | YES  NO |
| * guidelines specific recommendations regarding diagnosis and management of each type of anomaly [PR IV.B.1.c).(3).(g)] | YES  NO |
| * lesion- and repair-specific intermediate- and longer-term effects on myocardial function [PR IV.B.1.c).(3).(h)] | YES  NO |
| * lesion- and repair-specific effects on pregnancy and maternal health risk and interventions, and potential complications [PR IV.B.1.c).(3).(i)] | YES  NO |
| * genetics, including common mutations leading to congenital heart disease [PR IV.B.1.c).(3).(j)] | YES  NO |
| * the impact of age- and development-specific chronic disease skills and psychosocial factors on the manifestation, expression, and management of ACHD across the of lifespan of disease [PR IV.B.1.c).(3).(k)] | YES  NO |

If the questions in this section or their format do not permit you to describe accurately or optimally the program, provide a narrative that more completely or accurately describes this particular component of the program.

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**Practice-Based Learning and Improvement**

1. Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d).] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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**Systems Based Practice**

1. Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

**Ambulatory Experiences**

Provide information for the fellows’ follow-up, ambulatory experiences. List each experience indicating the name of the experience, site number, duration of the experience, number of half-day sessions per week, whether faculty supervision is provided, and the percent of female patients.

| **Name of Experience** | **Site #** | **Duration** | **Sessions Per Week** | **Average # of Patients Seen Per Session** | **On-site concurrent faculty supervision present?** | | **% Female Patients** |
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| What percentage of the fellows’ education will occur in the ambulatory setting? | | | | | | % | | |

If the questions in the rotation and ambulatory sections above or their format do not permit you to describe accurately or optimally the rotations in the program, provide a narrative that more completely or accurately describes this particular component of the program.

(200 word limit)

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**Conferences**

Will fellows routinely participate in the following: [PR IV.C.5.g)]

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| --- | --- |
| Core Curriculum Conference Series | YES  NO |
| Clinical Case Conferences | YES  NO |
| Research Conferences | YES  NO |
| Journal Club | YES  NO |
| Morbidity and Mortality Conferences | YES  NO |
| Quality Improvement Conferences | YES  NO |

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| Will the faculty participate in required conferences? [PR IV.C.7.c)] | YES  NO |

Describe how the program will ensure that fellows have the opportunity to make up missed core conferences (e.g., when off-site). [PR IV.C.5.f)]

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Briefly describe the program’s Core Curriculum Conference Series. [PR IV.C.5.g)]

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Describe how the program will provide fellows clinical experience in caring for patients in the context of a multidisciplinary disease management program. [PR IV.C.6.f)]

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| Will the program provide fellows clinical experience in end-of-life care? [PR IV.C.6.g)] | YES  NO |
| Will the program provide fellows clinical experience in evaluating patients for cardiac or pulmonary transplant or mechanical assist devices? [PR IV.C.6.h)] | YES  NO |
| Will all fellows participate in pre-procedural planning, including the indications for a procedure? [PR IV.C.7.h).(1)] | YES  NO |
| Will all fellows participate in pre-procedural planning, including the selection of the appropriate sedation and anesthetic agents, procedures, or instruments? [PR IV.C.7.h).(1)] | YES  NO |
| Will fellows be instructed in practice management relevant to ACHD? [PR IV.C.8.] | YES  NO |

Describe how fellows will demonstrate substantial involvement in post-procedure care. [PR IV.C.7.h).(2)]

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**Evaluation**

**Fellow Evaluation**

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| Will the program director review fellow procedure logs in order to document that each fellow has performed the minimum number and achieved competence in invasive procedures? | YES  NO |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)] | YES  NO |

**Evaluation Narrative**

Describe the method of assessment for procedural competence. [PR V.A.1.a).(2)]

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**Faculty Evaluation**

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| Will the evaluations of faculty be written and confidential? [PR V.B.1.b)] | YES  NO |
| Will faculty members receive feedback on their evaluations at least annually? [PR V.B.2.] | YES  NO |

**The Learning and Working Environment**

Describe how faculty members and fellows will be educated about fatigue and its negative effects. [PR VI.D]

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**Faculty Scholarly Activity [PR IV.D.2.]**

As evidence of a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50% of its required minimum number of core faculty (CF) annually engage in a variety of scholarly activity. Please **list one example** of scholarly activity for your program’s core faculty during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty | Type of Activity | Citation/Description of Product |
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